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# LEONARD BLOOM & ASSOCIATES, LLC

INTELLECTUAL PROPERTY  
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December 28, 2001

JC714 U.S. PTO  
10/035053  
12/28/01

VIA EXPRESS MAIL  
EJ189835148US

To the Honorable Commissioner  
of Patents and Trademarks  
Washington, DC 20231

Re: Our Docket No. 21429-PA

Dear Sir:

Enclosed please find the following:

1. New U.S.A. patent application entitled "AN ANTI-TRAUMA SURGICAL PLATE USED TO FIX MANDIBULAR STUMPS", including abstract, specification and claims (5 pages) and formal drawings (1 sheet), Paolo Di Emidio, Inventor.
2. Declaration duly executed.
3. Assignment duly executed.
4. Form PTO-1595 duly executed.
5. Our check No. 7269, in the amount of \$40.00, to cover the recordation fee.
6. Claim for Priority (with certified copy of Italian Application No. MC2001 U 000029).

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail in an envelope addressed to: Commissioner of Patents and Trademarks, P.O. Box 2327, Arlington VA 22202.  
Date: December 28, 2001  
Express Mail Label No. EJ189835148US

By:

*Sarah W. Byles*

**LEONARD BLOOM & ASSOCIATES, LLC**

The Honorable Commissioner  
of Patents and Trademarks

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December 28, 2001

7. Form PTO-1082 duly executed, in duplicate.
8. Our check No. 7270, in the amount of \$370.00, to cover the application filing fee.
9. Our post card. (Please date stamp and return.)

The inventor is:

Paolo Di Emidio  
Via Guglielmo Marconi, 36  
64010-CONTROGUERRA (TE)  
ITALY

**The applicant is a small entity.**

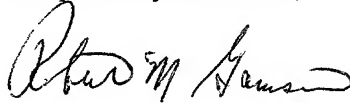
Please address all correspondence to:

LEONARD BLOOM & ASSOCIATES, LLC  
Intellectual Property Law Offices  
502 Washington Avenue, Suite 220  
Towson, MD 21204.

If there are any additional fees required, please charge our Deposit Account No. 02-2839.

Thank you for your cooperation and assistance.

Respectfully submitted,



Robert M. Gamson

RMG/chb  
Enclosures



12/28/01

To the Commissioner of Patents and Trademarks:

Transmitted herewith for filing is the patent application of:

Inventor: Paolo Di Emidio

For: AN ANTI-TRAUMA SURGICAL PLATE USED  
TO FIX MANDIBULAR STUMPS

Enclosed are:

☒ 1 sheet of drawing.☒ An assignment of the invention to PIERGIACOMI SUD-SRL.☒ A certified copy of an Italian (MC2001 U 000029) application.☐ An associate power of attorney.☒ Declaration and Power of Attorney - Original ApplicationSmall Entity Status: Yes ☒ No ☐

The filing fee has been calculated as shown below:

|  | (Col. 1)  | (Col. 2)  |  | SMALL ENTITY |        |           | OTHER THAN A<br>SMALL ENTITY |        |
|--|-----------|-----------|--|--------------|--------|-----------|------------------------------|--------|
| FOR:   | NO. FILED | NO. EXTRA |  | RATE         | FEE    |           | RATE                         | FEE    |
| BASIC FEE  |           |           |  |              | \$ 370 | <u>OR</u> |                              | \$ 740 |
| TOTAL CLAIMS   | 1 -20=    | * 0       |  | x 9 =        | \$ -0- |           | x 18 =                       | \$     |
| INDEP. CLAIMS  | 1 -3=     | * 0       |  | x 42 =       | \$ -0- |           | x 84 =                       | \$     |
| MULT. DEPENDENT CLAIM PRESENTED                                      |           |           |  | +140         | \$     |           | + 280 =                      | \$     |
| *If the difference in Col. 1 is less than zero, enter "0" in Col. 2. |           |           |  | TOTAL        | \$ 370 | <u>OR</u> | TOTAL                        | \$     |

☐ Please charge my Deposit Account No. 02-2839 in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 370.00 to cover the filing fee is enclosed.☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.☒ Any additional filing fees required under 37 C.F.R. 1.16.☒ Any patent application processing fees under 37 C.F.R. 1.17.☐ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.☐ Any patent application processing fees under 37 C.F.R. 1.17.☐ The issue fee set in 37 C.F.R. 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).☐ Any filing fees under 37 C.F.R. 1.16 for presentation of extra claims.Case Docket No. 21429-PA  
FORM PTO-1082.

## CERTIFICATE OF TRANSMITTAL

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By: Robert M. GamsonRobert M. Gamson  
Reg. No. 32,986